

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE



IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 16 PM 12:32

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Nate Williams

Political Party (if applicable)

Democrat

Office Sought

District (If Senate or House)

29

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1753

2

2

2

to pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

1110 Adams Avenue
SIGNATURE OF PERSON FILING REPORT

319 894 8931
TELEPHONE

1.16.09
DATE SIGNED

I AM FILING A

1-19

REPORT FOR (1) ELECTION/(2) NON-ELECTION YEAR.

(report date)

Indicate by #

1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

County & Local Committee, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 1,563.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,850.00

Schedule F: Loans Received total (Attach Schedule F)

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3,413.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

2,751.01

Schedule F: Loan Repayments total (Attach Schedule F)

—

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 662.67

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ —

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ —

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 700.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ —

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Auburn Quad PO Box 390728		
10.31	CK#	Cambridge, 02139	transmittal rpt.	\$ 7.90
	ID#	FRAN + CHARLES 10 1st St. E.		
11.1	CK#	MT VERNON, 52314	food	12.77
	ID#	Ad. CAMP 309 5th Ave	mailing Ltr	
11.4	CK#	C.R., 52404		318.-
	ID#	Solon Library		
11.10	CK#	Solon, 52333	DONATION	25.-
	ID#	Auburn Quad PO Box 390728		
11.14	CK#	Cambridge, 02139	transmittal rpt	1.93
	ID#	SAM SANTIAGO 304 B Wolfe LN		
11.14	CK#	MT. VERNON, 52314	stamps	2,000.-
	ID#	Lisbon P.O.		
11.17	CK#	Lisbon, 52253	stamps	126.-
	ID#			
	CK#			
SUB-TOTAL				\$ 2,491.67
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(1).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18	ID# CK# 1140	Lisbon Post Office 52293	Stamps	\$ 9.34 ✓
12/7	ID# CK# 1141	LINCOLN CAFE 131 ST. MT. VERNON 52314	Food	160. - ✓
12/16	ID# CK# 1142	RACON RIVER 200 10th St. DES MOINES,	Rental + food	90. - ✓
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$259.34

TOTAL (If last page of this schedule) \$2751.91

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

A
(Rev. 07/03) **MONETARY RECEIPTS**

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-1	ID# 8005 CK# 006452	DRIVE COMM. 25 LOUISIANA AVE WASHINGTON, DC 20001		\$ 300.-	<input type="checkbox"/>
11-1	ID# 8005 CK# 006595	DRIVE COMM. 25 LOUISIANA AVE WASHINGTON, DC 20001		\$ 250.-	<input type="checkbox"/>
11-3	ID# CK# 9968	BARBARA BUSS 718 S. SUMMIT E.C., 52240		\$ 50.-	<input type="checkbox"/>
11-5	ID# CK# 7040	Kelly McMAHON 3908 Leland ST Chevy Chase, 20815		\$ 100.-	<input type="checkbox"/>
11-5	ID# 152 CK#	Robert Rogan 922 N. CAROLINA AVE SE WASHINGTON, 20003		\$ 100.-	<input type="checkbox"/>
10-31	ID# CK# ACT Blue	FRANCIS STARKER 1575 FRANKLIN ST DENVER, 80218		\$ 200.-	<input type="checkbox"/>
11-4	ID# CK# ACT Blue	DANIEL KULANICK 115 SOLAR ST. 54 BARCLAY, 10204		\$ 25.-	<input type="checkbox"/>
11-4	ID# CK# ACT Blue	JACOB PURCELL 140 MORRIS ST SAN FRANCISCO, 94131		\$ 25.-	<input type="checkbox"/>
11-4	ID# CK# 2221	TRUDE ELLIOTT 209 6th ST MT. VERNON, 52314		\$ 20.-	<input type="checkbox"/>
12-1	ID# CK# 018452	DAVID STEIN 16 Briar Ridge DR NE Iowa City 52240		\$ 50.-	<input type="checkbox"/>
SUB-TOTAL				\$ 1150	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SN No. 2046	P. 6
A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12.9.08	ID# 6070 CK# 3786	IOWA LAW PAC 625 E. COURT DES MOINES, 50309		\$ 200.-	<input checked="" type="checkbox"/>
12.13	ID# 6085 CK# 896	IA. Bldg + Const. Trades 110 10th Ave N.W. ALBUQUERQUE, 50009		125.-	<input checked="" type="checkbox"/>
12.16	ID# 6087 CK# 3994	IA. HEALTH PAC 6750 Westtowne Pkwy #100 W DES MOINES, 50316		100.-	<input checked="" type="checkbox"/>
12.16	ID# 6429 CK# 3246	HEAVY HWY PAC 2415 INGERSOLL DES MOINES, 50312		250.-	<input checked="" type="checkbox"/>
12.16	ID# CK# 6396	Jed Tomlinson 1245 40th ST DES MOINES, 50311		25.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 700	
TOTAL (if last page of this schedule)				\$ 1950.-	

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Williams

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 700. --

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 700

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(for Schedule F)